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Bib Data Sheet

SERIAL NUMBER 10/766,173	FILING DATE 01/28/2004  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. B0410/7283D1	
<b>APPLICANTS</b>  John E. Ahern, Stowe, VT; <div style="text-align: center; margin-top: 10px;"> </div>					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/328,808 06/09/1999 PAT 6,719,805 <div style="text-align: center; margin-top: 10px;"> </div>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/16/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged    _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		STATE OR  COUNTRY VT	SHEETS  DRAWING 10	TOTAL  CLAIMS 28	INDEPENDENT  CLAIMS 4
<b>ADDRESS</b> 022832 KIRKPATRICK & LOCKHART LLP 75 STATE STREET BOSTON , MA 02109-1808					
<b>TITLE</b> Devices and methods for treating tissue					
FILING FEE  RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div>		